

WELSHMAN

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 2 — 0 0 3

2. STATE:

IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

01-01-02

TYPE OF PLAN MATERIAL (Check One):

JUN 25 2002

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

FEDERAL STATUTE/REGULATION CITATION:

CFR 440-170

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ (\$420,000.00) FFP approx

b. FFY 2003 \$ (\$420,000.00) 70%

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19-B Page 35 24.a Transportation

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

4.19-B Page 35 24.a Transportation

10. SUBJECT OF AMENDMENT:

Transportation reimbursement

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

See attached page for signature

13. TYPED NAME:

Karl Kurtz

14. TITLE:

Director, Dept of Health and Welfare

15. DATE SUBMITTED:

3/28/02

16. RETURN TO:

DIVISION OF MEDICAID
3380 AMERICANA TERRACE
PO BOX 83720
BOISE, ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUN 25 2002

18. DATE APPROVED:

JUN 27 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Burner Butterfield

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID

23. REMARKS:

POSTMARK: 6/24. Boise
(CITY/STATE)

24. a. Transportation – Payment rates for ambulance services will not exceed the upper limits of Medicare reimbursement. Public transit and charter services, including air ambulance services, are limited to reasonable and customary rates generally acceptable in the community. Payments to individuals using private vehicles are limited the rates established by the state.
- d. Nursing Facility Services for Individuals Under 21 Years of Age – Refer to attachment 4.19-D.
- e. Emergency Hospital Services – Refer to Attachment 4.19A and 4.19B-2
- f. Personal Care Services (PCS) – Personal Care attendants will be paid an hourly rate established by the Department's Medical Assistance Unit based on nursing home wages as required by Idaho Code. Separate rates will be established by the Departments Medical Assistance Unit based on nursing home wages as required by Idaho Code. Separate rates will be established for independent providers and PCS agencies. RN and QMRP supervisors will be paid a flat rate per visit which will be established by the Department's Medical Assistance Unit.
- g. Clozapine Care Coordination – Approved providers will receive a single payment for each calendar week (or portion thereof) at a rate of payment established by the Department's Medical Assistance Unit.